

CITY OF PARMA



DEPARTMENT OF PUBLIC SAFETY

GREGORY BAEPLER, DIRECTOR

INSTRUCTIONS FOR THE APPLICATION FOR JUNK DEALERS, PAWNBROKERS, AND SECONDHAND DEALERS

- (1) EACH OWNER AND EMPLOYEE ENGAGED IN THE BUSINESS OF PAWNING OR DEALING IN JUNK OR CERTAIN SECONDHAND ITEMS MUST THOROUGHLY READ PARMA CODIFIED ORDINANCE CHAPTERS 668 AND 739 TITLED “JUNK DEALERS, PAWNBROKERS, AND SECONDHAND DEALERS.”
- (2) OWNER MUST OBTAIN THE LICENSE APPLICATION FROM THE SAFETY DEPARTMENT WEBSITE.
- (3) OWNER MUST ACCURATELY FILL OUT THE LICENSE APPLICATION.
- (4) OWNER MUST HAVE EACH EMPLOYEE WHO WILL BE EMPLOYED AT THE JUNK OR SECONDHAND STORE OR THE PAWNSHOP SIGN AN “EMPLOYEE WAIVER” FORM.
- (5) OWNER MUST ANNUALLY SUBMIT THE COMPLETED LICENSE APPLICATION TO THE DEPARTMENT OF PUBLIC SAFETY, WHICH MUST INCLUDE:
 - 2” × 2” PHOTOGRAPH OF OWNER;
 - PROOF OF AGE OF OWNER AND COPY OF DRIVER’S LICENSE OR STATE IDENTIFICATION CARD;
 - OWNER’S FINGERPRINT VERIFICATION FROM THE PARMA POLICE DEPARTMENT;
 - *NOTE:* AN OWNER WHO IS A RESIDENT OF THE CITY IS REQUIRED TO PAY AN \$8.00 FINGERPRINT FEE WHILE A NON-RESIDENT IS REQUIRED TO PAY A \$28.00 FINGERPRINT FEE IN ADDITION TO A \$22.00 STATE WEBCHECK FEE AND \$24.00 NATIONAL WEBCHECK FEE. THUS, WHEN OBTAINING FINGERPRINTS, AN OWNER/RESIDENT’S FEE WILL TOTAL \$54.00 WHILE AN OWNER/NON-RESIDENT’S FEE WILL TOTAL \$74.00. THIS FINGERPRINT FEE IS SEPARATE FROM THE LICENSE AND EMPLOYEE FEES AND MUST BE PAID AT THE TIME OF FINGERPRINTING.
 - REFERENCE STATEMENTS;
 - OWNER’S AUTHORIZATION SIGNATURE;
 - \$100.00 ANNUAL LICENSE FEE;
 - AN ADDITIONAL \$10.00 PER EMPLOYEE NAMED ON THE APPLICATION;
 - EACH NAMED EMPLOYEE’S SIGNED “EMPLOYEE WAIVER” FORM.

CITY OF PARMA



DEPARTMENT OF PUBLIC SAFETY

GREGORY BAEPLER, DIRECTOR

APPLICATION FOR JUNK DEALERS, PAWNBROKERS, AND SECONDHAND DEALERS

SECTION I: APPLICANT'S INFORMATION

NAME	_____	DATE OF BIRTH	_____
	(FIRST, MIDDLE, LAST)		
CURRENT ADDRESS	_____	SOCIAL SECURITY NUMBER	_____
	(NUMBER & STREET)		
	_____	DRIVER'S LICENSE / STATE I.D. No.	_____
	(CITY, STATE, ZIP CODE)		
TELEPHONE NUMBER	(_____) _____ - _____	IMMIGRATION NUMBER	_____
PERSONAL DESCRIPTION	_____	_____	_____
	(COLOR OF EYES)	(COLOR OF HAIR)	(SEX)
			(WEIGHT)
			(HEIGHT)

SECTION II: APPLICANT'S HISTORY

RESIDENCE ADDRESSES & TELEPHONE NUMBERS FOR THE PAST THREE (3) YEARS

ADDRESS	_____	TELEPHONE NUMBER	(_____) _____ - _____
	(NUMBER & STREET)		

	(CITY, STATE, ZIP CODE)		
ADDRESS	_____	TELEPHONE NUMBER	(_____) _____ - _____
	(NUMBER & STREET)		

	(CITY, STATE, ZIP CODE)		
ADDRESS	_____	TELEPHONE NUMBER	(_____) _____ - _____
	(NUMBER & STREET)		

	(CITY, STATE, ZIP CODE)		
ADDRESS	_____	TELEPHONE NUMBER	(_____) _____ - _____
	(NUMBER & STREET)		

	(CITY, STATE, ZIP CODE)		

BUSINESS/OCCUPATION/EMPLOYMENT, BUSINESS ADDRESSES, AND TELEPHONE NUMBERS FOR THE PAST THREE (3) YEARS

ADDRESS	<hr/> <small>(BUSINESS/OCCUPATION/EMPLOYMENT NAME & TITLE)</small> <hr/> <small>(NUMBER & STREET)</small> <hr/> <small>(CITY, STATE, ZIP CODE)</small>	TELEPHONE NUMBER	<hr/> <small>()</small> - <hr/>
ADDRESS	<hr/> <small>(BUSINESS/OCCUPATION/EMPLOYMENT NAME & TITLE)</small> <hr/> <small>(NUMBER & STREET)</small> <hr/> <small>(CITY, STATE, ZIP CODE)</small>	TELEPHONE NUMBER	<hr/> <small>()</small> - <hr/>
ADDRESS	<hr/> <small>(BUSINESS/OCCUPATION/EMPLOYMENT NAME & TITLE)</small> <hr/> <small>(NUMBER & STREET)</small> <hr/> <small>(CITY, STATE, ZIP CODE)</small>	TELEPHONE NUMBER	<hr/> <small>()</small> - <hr/>
ADDRESS	<hr/> <small>(BUSINESS/OCCUPATION/EMPLOYMENT NAME & TITLE)</small> <hr/> <small>(NUMBER & STREET)</small> <hr/> <small>(CITY, STATE, ZIP CODE)</small>	TELEPHONE NUMBER	<hr/> <small>()</small> - <hr/>

BUSINESS LICENSE HISTORY

(USE BACK OR ATTACH ADDITIONAL SHEET(S) WHERE NECESSARY)

HAVE YOU EVER OWNED A BUSINESS DEALING IN JUNK, PAWN, OR SECONDHAND ITEMS IN THIS OR ANY OTHER STATE?	MARK ONE: YES _____ NO _____
IF YES, STATE THE CITY & STATE	<hr/> <small>(CITY, STATE, ZIP CODE)</small>
IF YES, EXPLAIN WHY YOU LEFT OR THE BUSINESS CEASED	<hr/>
HAVE YOU EVER BEEN ISSUED A JUNK DEALER, PAWNBROKER, OR SECONDHAND DEALER LICENSE IN THIS OR ANY OTHER STATE?	MARK ONE: YES _____ NO _____
IF YES, STATE THE CITY & STATE	<hr/> <small>(CITY, STATE, ZIP CODE)</small>
IF YES, STATE THE DATE	<hr/>
IF YES, STATE THE LICENSE OR PERMIT NUMBER	<hr/>
IF YES, EXPLAIN IF IT WAS SUSPENDED OR REVOKED	<hr/>

HAVE YOU EVER BEEN DENIED A JUNK DEALER, PAWNBROKER, OR SECONDHAND DEALER LICENSE IN THIS OR ANY OTHER STATE? MARK ONE: YES _____ NO _____

IF YES, STATE THE CITY & STATE _____
(CITY, STATE, ZIP CODE)

IF YES, STATE THE DATE & REASON _____
(DATE & REASON)

CRIMINAL HISTORY
(USE BACK OR ATTACH ADDITIONAL SHEET(S) WHERE NECESSARY)

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY? MARK ONE: YES _____ NO _____

IF YES, STATE THE DATE OF EACH
(1) _____
(2) _____
(3) _____

IF YES, STATE THE CITY & STATE OF EACH
(1) _____
(2) _____
(3) _____

IF YES, EXPLAIN THE DETAILS OF EACH
(1) _____
(2) _____
(3) _____

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A MISDEMEANOR? MARK ONE: YES _____ NO _____

IF YES, STATE THE DATE OF EACH
(1) _____
(2) _____
(3) _____

IF YES, STATE THE CITY & STATE OF EACH
(1) _____
(2) _____
(3) _____

IF YES, EXPLAIN THE DETAILS OF EACH
(1) _____
(2) _____
(3) _____

SECTION III: BUSINESS INFORMATION

PLEASE PROVIDE A DEFINITION OF THE BUSINESS, INCLUDING DETAILED INFORMATION AS TO THE TYPE OF ITEM(S) TO BE SOLICITED, SOLD, OR COLLECTED:

LIST EACH BUSINESS LOCATION
(USE BACK OR ATTACH ADDITIONAL SHEET(S) WHERE NECESSARY)

BUSINESS
LOCATION

(BUSINESS NAME)

(NUMBER & STREET)

(CITY, STATE, ZIP CODE)

TELEPHONE NUMBER

() -

BUSINESS
LOCATION

(BUSINESS NAME)

(NUMBER & STREET)

(CITY, STATE, ZIP CODE)

TELEPHONE NUMBER

() -

BUSINESS
LOCATION

(BUSINESS NAME)

(NUMBER & STREET)

(CITY, STATE, ZIP CODE)

TELEPHONE NUMBER

() -

EMPLOYEE INFORMATION
(USE BACK OR ATTACH ADDITIONAL SHEET(S) WHERE NECESSARY)

EMPLOYEE

(FIRST, MIDDLE, LAST)

ADDRESS

(NUMBER & STREET)

(CITY, STATE, ZIP CODE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER’S LICENSE / STATE I.D. No.

TELEPHONE NUMBER

() -

EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>
EMPLOYEE	<div><div></div><div>(FIST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>

EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>
EMPLOYEE	<div><div></div><div>(FIRST, MIDDLE, LAST)</div></div>	DATE OF BIRTH	<div></div>
	ADDRESS	SOCIAL SECURITY NUMBER	<div></div>
	<div><div></div><div>(NUMBER & STREET)</div></div>		
	<div></div>	DRIVER’S LICENSE / STATE I.D. No.	<div></div>
	<div><div></div><div>(CITY, STATE, ZIP CODE)</div></div>	TELEPHONE NUMBER	<div>() - </div>

SECTION IV: REFERENCES

REFERENCE

(FIRST, MIDDLE, LAST)

ADDRESS

(NUMBER & STREET)

(CITY, STATE, ZIP CODE)

RELATIONSHIP

TELEPHONE NUMBER () -

REFERENCE

(FIRST, MIDDLE, LAST)

ADDRESS

(NUMBER & STREET)

(CITY, STATE, ZIP CODE)

RELATIONSHIP

TELEPHONE NUMBER () -

REFERENCE

(FIRST, MIDDLE, LAST)

ADDRESS

(NUMBER & STREET)

(CITY, STATE, ZIP CODE)

RELATIONSHIP

TELEPHONE NUMBER () -

SECTION V: AUTHORIZATION

I, _____, HEREBY AUTHORIZE THE CITY OF PARMA, ITS AGENTS, AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION AND THE QUALIFICATIONS OF MYSELF.

(DATE SIGNED)

(APPLICANT'S SIGNATURE)

I, _____, HEREBY AUTHORIZE THE CITY OF PARMA, ITS AGENTS, AND EMPLOYEES TO MAKE ANY LAWFUL EXAMINATION OF MY CRIMINAL RECORD, AND I RELEASE ANY POLICE OR LAW ENFORCEMENT AGENCY, AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY IN PROVIDING SUCH INFORMATION.

(DATE SIGNED)

(APPLICANT'S SIGNATURE)

NOTE: ALL APPLICATIONS MUST BE ACCOMPANIED BY ONE 2" x 2" FRONT FACE PORTRAIT PHOTOGRAPH OF THE APPLICANT TAKEN WITHIN THE LAST THIRTY (30) DAYS, PROOF THAT THE APPLICANT IS AT LEAST EIGHTEEN (18) YEARS OF AGE, A COPY OF A FORM OF IDENTIFICATION OF THE APPLICANT, AND THE APPLICANT'S FINGERPRINT VERIFICATION.

FOR OFFICE USE ONLY			
PHOTOGRAPH		REFERENCE STATEMENTS	
PROOF OF AGE		AUTHORIZATION SIGNATURE	
COPY OF IDENTIFICATION		EMPLOYEE WAIVERS	
FINGERPRINTS			



SECTION VI: EMPLOYEE WAIVER

NOTES: - OWNER MUST HAVE EACH EMPLOYEE SIGN AN EMPLOYEE WAIVER FORM.

 - MAKE ADDITIONAL COPIES FOR EACH EMPLOYEE WHO WILL BE EMPLOYED AT THE JUNK, PAWN, OR SECONDHAND STORE.

I, _____, HEREBY AUTHORIZE THE CITY OF PARMA, ITS AGENTS, AND EMPLOYEES TO MAKE ANY LAWFUL
(**PRINT** FIRST, MIDDLE INITIAL, & LAST NAME)
EXAMINATION OF MY CRIMINAL RECORD, AND I RELEASE ANY POLICE OR LAW ENFORCEMENT AGENCY, AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY IN
PROVIDING SUCH INFORMATION.

(DATE SIGNED)

(APPLICANT’S SIGNATURE)